**DEAN C. LOGAN**Registrar-Recorder/County Clerk

File	Number	
File	Date	

## COUNTY OF LOS ANGELES STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP\*

(Los Angeles County Code, Chapter 2.210)

I/We, the undersigned, having filed a statement of domestic partnership on hereby state that such domestic partnership has been terminated.				
Signature	Signature			
Print Name	Print Name			
Address	Address			
City, State, Zip Code	City, State, Zip Code			
Date of Birth	Date of Birth			

<sup>\*</sup> Only one signature required.

This document is a public record.